

OHIO

Ohio was largely uncooperative in responding to our requests, so we have only limited information about what appear to be the very limited policies and programs in the state for LGBT youth. It is clear that the Ohio Department of Social Services (“DSS”) does not require or provide any training on LGBT issues to foster parents or foster care staff. In a positive development, we were informed that several counties have taken the initiative in offering LGBT training for foster care staff.

DSS should immediately assess its policies and statewide practices for LGBT youth and work toward meeting their needs.*

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*The following recommendations are modeled on and should be read in conjunction with the “Basic Reforms to Address the Unmet Needs of LGBT Foster Youth” described at pages 22-28 of this Report. “LGBT” is an acronym for lesbian, gay, bisexual, and transgender.



I. NON-DISCRIMINATION POLICIES

A. SEXUAL ORIENTATION OF YOUTH

Assessment: DSS did not respond to our questionnaires and requests for policy manuals.

Recommendation:	Adopt express written policies prohibiting discrimination based on the sexual orientation of youth.
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B. SEXUAL ORIENTATION OF FOSTER PARENTS AND OTHER FOSTER HOUSEHOLD MEMBERS

Assessment: DSS did not respond to our requests for information on this subject.

The Ohio Administrative Code ("OAC") prohibits discrimination "in recommending foster caregivers on the basis of age, race, sex, religion, cultural heritage or marital status," but not on the basis of sexual orientation.¹

On the positive side, the OAC provides that "[a] foster caregiver may be a legally married couple, a single person or co-parent(s)."² The OAC defines co-parents as "adult individuals, related or unrelated, who live together in the same household and share parenting responsibilities."³ Read together, these gender-neutral sections allow for the licensing of lesbian and gay persons as foster parents, but do not guarantee non-discrimination.

Recommendation:	Adopt express written policies prohibiting discrimination based on the sexual orientation of foster parents and other foster household members, not only in licensing and placement decisions but in all interactions with DSS and its agents.
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C. SEXUAL ORIENTATION OF FOSTER CARE STAFF

Assessment: DSS did not respond to our requests for information on this subject.

Recommendation:	Adopt express written policies prohibiting discrimination on the basis of the sexual orientation of foster care staff.
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D. HIV/AIDS STATUS OF YOUTH

Assessment: DSS did not respond to our requests for information on this subject.

Ohio statutorily prohibits any state agency from refusing to provide services solely because the individual refuses to disclose HIV test results.⁴

Recommendation:	Adopt express written policies prohibiting discrimination on the basis of the HIV/AIDS status of youth.
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E. HIV/AIDS STATUS OF FOSTER PARENTS AND OTHER FOSTER HOUSEHOLD MEMBERS

Assessment: DSS did not respond to our requests for information.

Recommendation:	Adopt express written policies prohibiting discrimination on the basis of the HIV/AIDS status of foster parents able to perform foster care responsibilities and of other foster household members.
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F. HIV/AIDS STATUS OF FOSTER CARE STAFF

Assessment: DSS did not respond to our requests for information.

Recommendation:	Adopt express written policies prohibiting discrimination on the basis of the HIV/AIDS status of foster care staff.
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II. FOSTER PARENT TRAINING

A. EXPLAINING NON-DISCRIMINATION POLICIES REGARDING SEXUAL ORIENTATION AND HIV/AIDS STATUS

Assessment: We are informed by DSS that there is no mandatory instruction on LGBT issues in foster parent training, including on non-discrimination principles.

Recommendation:	In addition to adopting sexual orientation and HIV/AIDS non-discrimination policies in the first instance, make training about such principles mandatory for all foster parents.
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B. SENSITIVITY TO SEXUAL ORIENTATION

Assessment: DSS does not offer or require instruction to foster parents on sensitivity to sexual orientation.

Recommendation:	Require mandatory training for all foster parents on sensitivity to sexual orientation and the challenges faced by LGBT youth.
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C. SUPPORTING A FOSTER CARE YOUTH COMING OUT AS LGBT

Assessment: DSS does not offer or require instruction to foster parents on supporting a foster care youth coming out as LGBT.

Recommendation:	Require mandatory training for all foster parents on supporting a foster care youth coming out as LGBT.
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D. SEXUAL HEALTH EDUCATION, INCLUDING HIV/AIDS AND OTHER STD PREVENTION EDUCATION AND SERVICES

Assessment: Although DSS advised us that foster parents receive some HIV training, we have not been informed whether this training includes instruction about educating LGBT youth on their sexuality and sexual health, including prevention of HIV/AIDS and other STDs.

Recommendation:	Require mandatory training for all foster parents on educating LGBT foster care youth about their sexuality and sexual health, including prevention of HIV/AIDS and other STDs.
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III. FOSTER CARE STAFF TRAINING

A. EXPLAINING NON-DISCRIMINATION POLICIES REGARDING SEXUAL ORIENTATION AND HIV/AIDS STATUS

Assessment: Several individual counties have contracted with a private service provider to conduct training for foster care staff on LGBT issues. The training includes discussion of myths about LGBT people, the coming out process, challenges of being an LGBT youth, the need for safe spaces for LGBT youth, competent delivery of services, and available resources. It is unclear whether the training expressly addresses non-discrimination principles. Moreover, the training is not mandatory, even at the county level.

Recommendation:	In addition to adopting sexual orientation and HIV/AIDS non-discrimination policies in the first instance, make training about such principles mandatory for all foster care staff statewide.
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B. SENSITIVITY TO SEXUAL ORIENTATION

Assessment: Limited optional training is offered in only a few counties. *See* Section III. A. *above*.

Recommendation:	Require mandatory training statewide for all foster care staff on sensitivity to sexual orientation and the challenges faced by LGBT youth.
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C. SUPPORTING A FOSTER CARE YOUTH COMING OUT AS LGBT

Assessment: Limited optional training is offered in only a few counties. *See* Section III. A. *above*.

Recommendation:	Require mandatory training statewide for all foster care staff on supporting a foster care youth coming out as LGBT.
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D. SEXUAL HEALTH EDUCATION, INCLUDING HIV/AIDS AND OTHER STD PREVENTION EDUCATION AND SERVICES

Assessment: DSS did not respond to our requests for information on this topic.

Recommendation:	Require mandatory training for all foster care staff on educating LGBT foster care youth about their sexuality and sexual health, including prevention of HIV/AIDS and other STDs.
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IV. LGBT YOUTH PROGRAMS AND SERVICES

A. SAFE GROUP HOMES

Assessment: Although Ohio maintains group homes, none is geared specifically to LGBT youth. Furthermore, given the very limited training and services offered on LGBT issues, existing group homes are ill-equipped to address the needs of LGBT youth.

Recommendation:	<p>DSS should consider whether, in the short term, the pressing needs of LGBT youth in group home settings would best be addressed by designating specific group facilities as safe havens for LGBT youth.</p> <p>It should, however, be a priority to make every group facility in the state a safe, supportive environment for LGBT and questioning youth through strict enforcement of non-discrimination policies, staff training, sensitivity education for non-LGBT residents, and services and resources for LGBT youth.</p>
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B. IDENTIFY FOSTER PARENTS TO CARE FOR LGBT YOUTH

Assessment: DSS did not respond to our requests for information on this topic.

Recommendation:	Agencies should identify and train qualified foster parents, including lesbian and gay adults, interested in caring for LGBT youth.
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C. COUNSELING PROGRAMS

Assessment: DSS did not respond to our requests for information on this topic.

Recommendation:	DSS should ensure that one-on-one and group counseling programs are available for LGBT youth.
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D. RESOURCES AND COMMUNITY CONTACTS FOR FOSTER CARE STAFF, FOSTER PARENTS, AND LGBT YOUTH

Assessment: DSS did not respond to our requests for information on this topic. The LGBT training offered by several counties (*see* Section III. A. *above*) includes distribution of a directory of available LGBT services. However, the directory is not maintained or distributed by DSS and is not readily or widely available to foster care staff, foster parents, or foster youth.

Recommendation:	DSS should distribute to DSS offices, group facilities, and LGBT youth and their foster families, resource guides that include community contacts, support groups, reading lists and materials, hotlines, LGBT advocates in the foster care system, and other resources. These resources should also be available to biological families. All youth in foster care should have direct, ready, and confidential access to developmentally appropriate resources about LGBT issues.
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E. SEXUAL HEALTH EDUCATION, INCLUDING HIV/AIDS AND OTHER STD PREVENTION EDUCATION AND SERVICES

Assessment: We are informed that DSS provides youth in independent living programs with sex education, however, DSS did not provide any descriptions of the curriculum.

Recommendation:	Provide all foster care youth with developmentally appropriate information and resources about sexuality and sexual health, including about LGBT issues and prevention of HIV/AIDS and other STDs.
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F. ACCESS TO HIV TESTING WITHOUT GUARDIAN CONSENT OR NOTIFICATION

Assessment: DSS did not respond to our requests for information on this topic.

Ohio statutorily provides that a minor may obtain an HIV test without parental or guardian consent.⁵

Recommendation:	DSS should adopt express written policies consistent with state law providing foster care youth access to free and confidential HIV testing.
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G. CONFIDENTIALITY OF HIV TESTING AND TEST RESULTS

Assessment: DSS did not respond to our requests for information on this topic.

Ohio statutorily provides that HIV-related information, such as the identity of an individual who has been tested for HIV, the results of an HIV test, and the identity of any individual diagnosed as having AIDS or an AIDS-related condition, is confidential and subject to disclosure under only enumerated circumstances.⁶

Recommendation:	DSS should adopt express written policies consistent with state law requiring confidentiality of foster care youths' HIV results, with disclosure permitted on only a limited, need-to-know basis to provide for a youth's well-being.
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Notes to Ohio

1. Ohio Admin. Code § 5101:2-5-21(A) (current through Feb. 28, 2001).
2. Ohio Admin. Code § 5101:2-7-02(C) (current through Feb. 28, 2001).
3. Ohio Admin. Code § 5101:2-1-01 (current through Feb. 28, 2001).
4. Ohio Rev. Code Ann. § 3701.245(A) (West) (current through 2000 portion of 123d G.A., Files 124, 128, 129, 131 to 133, and 135 to 324, apr. Dec. 31, 2000).
5. Ohio Rev. Code Ann. § 3701.242(B) (West) (current through 2000 portion of 123d G.A., Files 124, 128, 129, 131 to 133, and 135 to 324, apr. Dec. 31, 2000).
6. Ohio Rev. Code Ann. §§ 3701.243(A) & (B) (West) (current through 2000 portion of 123d G.A., Files 124, 128, 129, 131 to 133, and 135 to 324, apr. Dec. 31, 2000).